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FILED
Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **705993** (4)
1. Corporation Name
NORTH FORT MYERS LIONS CIVIC CORPORATION, INC.

Principal Place of Business	Mailing Address
V.I.P. CENTER, INC 35 S MARIANA AVE N FT MYERS FL 33903 US	N. F. M. L. C. C. INC. P O BOX 3036 NORTH FORT MYERS FL 33917 US

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified	08/06/1963
4. FEI Number	59-6153142
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

MORRIS, GARLICK
1260 PONDELLA CIRCLE
NORTH FT MYERS FL 33903

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	XXXXXXXXXXXX
STREET ADDRESS	XXXXXXXXXXXX
CITY-ST-ZIP	XXXXXXXXXX
TITLE	SD <input type="checkbox"/> DELETE
NAME	GARLICK, MORRIS
STREET ADDRESS	1260 PONDELLA CIRCLE
CITY-ST-ZIP	NORTH FORT MYERS FL 33903
TITLE	TD <input type="checkbox"/> DELETE
NAME	BALLARD WILLIAM
STREET ADDRESS	1925 HOWE COURT
CITY-ST-ZIP	N. FT. MYERS FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	XXXXXXXXXX
STREET ADDRESS	XXXXXXXXXX
CITY-ST-ZIP	XXXXXXXXXX
TITLE	D <input type="checkbox"/> DELETE
NAME	NORMAN, FRED
STREET ADDRESS	15358 CIRCLE DRIVE
CITY-ST-ZIP	PUNTA GORDA FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PANETTEIRI, A.W.
1.3 STREET ADDRESS	1214 PONDELLA CIRCLE
1.4 CITY-ST-ZIP	NORTH FORT MYERS, FL. 33903
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	FISCHER, WILLIAM
4.3 STREET ADDRESS	938 MOODY ROAD
4.4 CITY-ST-ZIP	NORTH FORT MYERS, FL. 33903
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: MORRIS GARLICK *Morris Garlick* 1-28-98 (941) 995-5943

CR2E037 (10/97)